As a learning organisation, we want to be bold and creative in adopting working practices which support.

• the delivery of high-quality services to the local communities we serve;
• ways of working which promote innovation, collaboration and continuous improvement;
• our aspiration to be an employer which recruits and retains high quality staff through our commitment to wellbeing and flexible working.

In light of our experience during Covid-19:

• we will not revert back to how we used to work – we will continue, for example, to hold Trust-wide meetings virtually as the norm in order to prevent people from having to travel;
• individual teams and service based freedom within this framework to develop their proposed future ways of working;
• we are not launching a new way of working with a ‘big bang’ – we need to review, refine and recalibrate our way of working over time based on patient need and staff experience.

• You should develop a clear agreement as a team about how you plan to work - both collectively and individually - to avoid misunderstanding, confusion or disagreement. This should involve everyone working within the team, including students and trainees.
• However your team works, you should come together in a face-to-face meeting at least once a month.
• Individual working practices should be regularly reviewed with staff through formal supervision and team meetings.
• Where a blended model of remote / office-based working is being adopted, there may be a requirement for existing office space previously reserved for use by the team to be repurposed in future e.g. to create additional meeting room space.

Decisions on future team working practices should be:

• openly shared with the team in order to ensure:

○ that the future ways of working are informed by the latest evidence, workplace and individual risk assessments;

○ that the proposals are fair and reasonable, and take into account the outcomes of the risk assessments and team discussions; in light of the changing needs of the service being provided and if these cannot be met satisfactorily.

• all teams will be expected to complete our ‘Covid’ reassessment by end of April – a process of re-assessing our assumptions on workplace risk and infection control measures.

• Team working practices should take account of both workplace and individual risk assessments, as well as occupational health, infection prevention and control guidance (including use of Personal Protective Equipment). Staff not working on the front line need to be offered the right to right to support their colleagues.

• Changes to working practices agreed within the team, and approved by the relevant Director, may need amending in the light of the changing needs of the service being provided and if these cannot be met satisfactorily.

Our learning for the future framework?

• Our pandemic experience has shown the role digital technology can play in clinical care. We want to build on this.

• The way we support people should be led by clinical need, an assessment of risk and patient choice.

• It is important that we are consistent in how we offer care across our community services. As a rule, teams should be aiming for around 75% of contacts to be face-to-face.

• For some specialist services, more digital support may be appropriate. For urgent care, face-to-face support needs to be the norm.